Chemotherapy for Stage III Colon Cancer Patients

This measure is to be reported for all patients aged 18–80 years with colon cancer — **once** per reporting period.

Measure description

Percentage of stage III colon cancer patients aged 18–80 years who were prescribed chemotherapy

What will you need to report for each patient with colon cancer for this measure?

If you select this measure for reporting, you will report:

■ Whether or not you prescribed or documented chemotherapy as received for Stage III colon cancer patients¹

What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate that chemotherapy is prescribed or documented as received for Stage III colon cancer patients, due to:

■ Documented reasons (eg, colon cancer patient is not eligible for chemotherapy)

In these cases, you will need to indicate that a documented reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report the G-code that represents these valid reasons (also called exclusions.)

¹Neoadjuvant and adjuvant chemotherapy should be reported. The reporting clinician is not required to have written the initial prescription; 'prescribed' can include managing treatment started by another clinician.

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PQRI Data Collection S	Sheet				
				/ /	☐ Male ☐ Female
Patient's Name	Practice Medical Record No	Practice Medical Record Number (MRN)		Birth Date (mm/dd/yyyy)	Gender
National Provider Identifier (NPI))			Date of Service	
Clinical Information				Billing Information	
Step 1 Is patient eli	gible for this measure?				
		Yes	No	Code Required on Claim Form	
Patient is aged 18-80 ye	ars.			Verify date of birth on claim form.	
Patient has a diagnosis of	colon cancer.			Refer to coding specifications document for list of applicable codes.	
There is a CPT E/M Servi	ce Code for this visit.				
If No is checked for any or a G-code.	f the above, STOP. Do not rep	ort			
	meet or have an accept ng the measure?	able reas	on		
Chemotherapy		Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if <i>Yes</i> (or Service Line 24 of Electronic Claim Form)	
rescribed or received (for Stage III colon ancer patients) ¹				G8372	
Not prescribed or received	d for the following reason:				
• Documented reasons (e documentation that cold not eligible for chemoth	on cancer patient is			G8377	
Document reason here and in medical chart.				If No is checked for all of the above, report G8371 (Chemotherapy documented as not received or prescribed for Stage III colon cancer patients.)	

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Coding Specifications

Codes required to document patient has colon cancer and a visit occurred:

An ICD-9 diagnosis code for colon cancer and a CPT E/M service code are required to identify patients to be included in this measure.

Colon cancer ICD-9 diagnosis codes

■ 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9 (malignant neoplasm of colon)

AND

CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office-new patient),
- 99212, 99213, 99214, 99215 (office-established patient),
- 99218, 99219, 99220 (initial observation),
- 99221, 99222, 99223 (initial inpatient),
- 99231, 99232, 99233 (subsequent inpatient),
- 99234, 99235, 99236 (observation or inpatient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 99251, 99252, 99253, 99254, 99255 (inpatient consult)

Quality codes for this measure (one of the following for every eligible patient):

G-Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- *G8372*: Chemotherapy documented as received or prescribed for Stage III colon cancer patients
- **G8377:** Clinician documentation that colon cancer patient is not eligible for the chemotherapy measure
- *G8371*: Chemotherapy documented as not received or prescribed for Stage III colon cancer patients

Adapted from ASCO/NCCN Quality Measures

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